SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBER:			PAGE 296 / 322				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(Cr	neck only 21b 27	22 28a	X 23		24 28c		.5 .9	20	
Any Information copied from such Reports and Statement or for commercial purposes, other than using the name										•	
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action	on Committee										
Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS					Transaction ID: D115751 Date of Disbursement						
Mailing Address P.O. Box 1				0 ^M 3	M /	^D 2 3		Ž 0	11	Y	
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Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS Mailing Address 5429 Madison Avenue					action of Disbu		ent		1 1	Y	
	tata Zin Cada			1 .	L				^		
Sacramento	State Zip Code CA 95841			Amour	nt of Ea	ach Di	isburse			erioa	
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Office Sought: X House Disburser Senate X	nent For: 2012 Primary General Other (specify)	. , , ,									
Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE					f Disbu	ursem	ent				
Mailing Address P.O. Box 1512				06	w / L	0 8		ž o	1 1	Y	
	State Zip Code GA 30601			Amour	nt of Ea	ach Di	isburse			eriod	
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SUBTOTAL of Disbursements This Page (optional)			•			•		8500	.00	•	
TOTAL This Period (last page this line number only) .			•				-				